

Dietary intake, eating behaviours and physical function of community dwelling ethnically diverse older adults: Culturally tailoring of assessment methods and identification of key social influences

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Background/Rationale

- The world population is currently termed an 'ageing world' with older population growth outpacing younger cohorts¹
- In the UK, 1 out of 12 (8.3%) is projected to age 80+ by mid 2039².
- Additionally, the UK's population is becoming increasingly super-diverse. In the Birmingham area, 2 out of 5 (42.1%) identify themselves as Black and ethnic minority (BME)³. With a population of 1.3 million in 2001 in the UK, the number of BME older adults aged above 50 years is projected to reach 7.4 million in 2051⁴.
- This has significant implications on general health (quality of life), and the design and implementation of diet and physical activity interventions and policies globally.
- As a heterogeneous population coupled with health inequalities and poorer health than others⁵, a better understanding of diet, social networks and physical function of older adults could improve the design and implementation of network specific and cultural sensitive interventions and policies for healthy ageing.

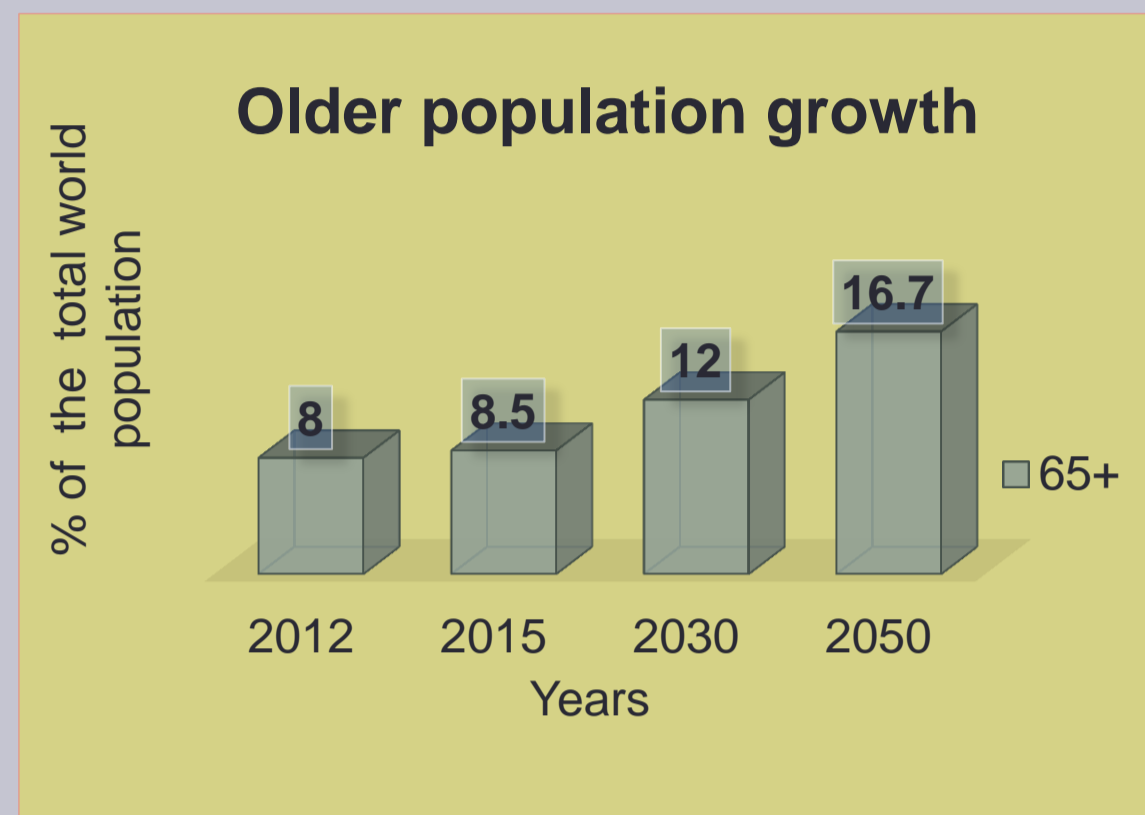


Fig. 1: Global changes in the population of older adults and future projections¹

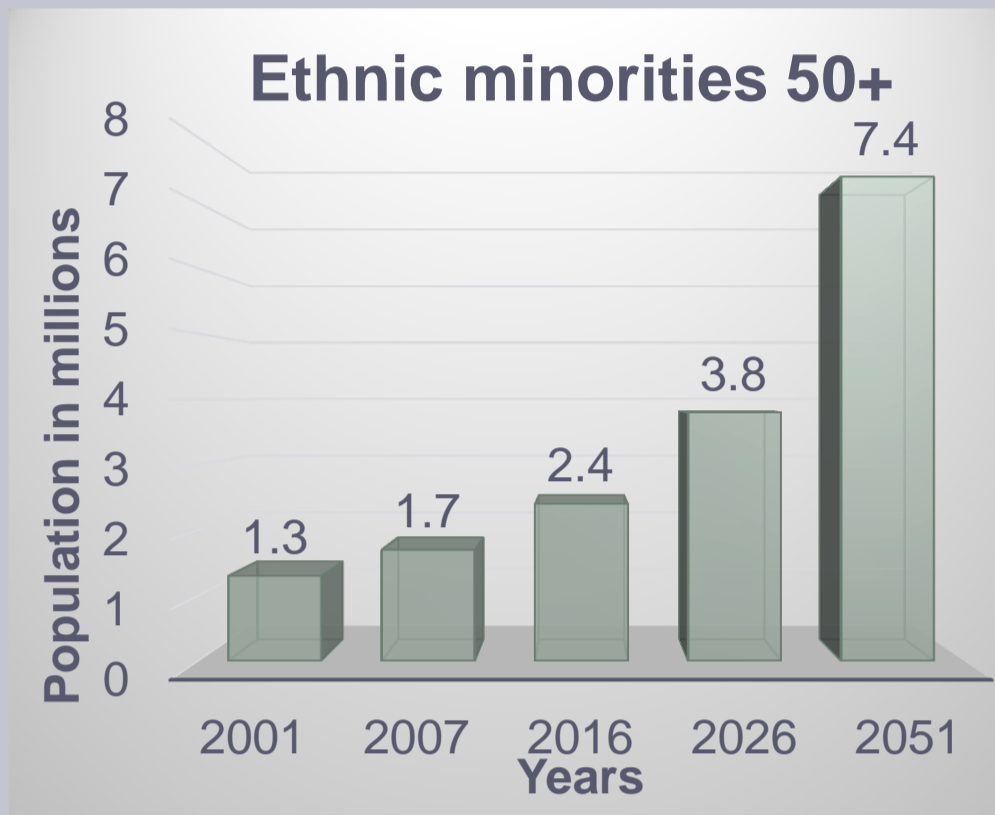


Figure 2: Changes in the population of older ethnic minorities and future projections in the UK⁴

Study Aim and Questions

- Aim:** This longitudinal mixed method study aims to:
- Measure dietary intake, diet behaviours, physical function and as well assess social networks of community dwelling ethnically diverse older adults over an 8-month period.
 - Explore the influence of social networks over this time period on diet/eating behaviours and physical function of community dwelling ethnically diverse older adults.
- Research questions:**
- What are the current dietary intake, eating behaviours and physical function of community dwelling ethnically diverse older adults?
 - How do social networks, and changes in social networks over time influence dietary intake, eating behaviours, and physical function?

Dietary behaviours, social networks and physical function potential linkages

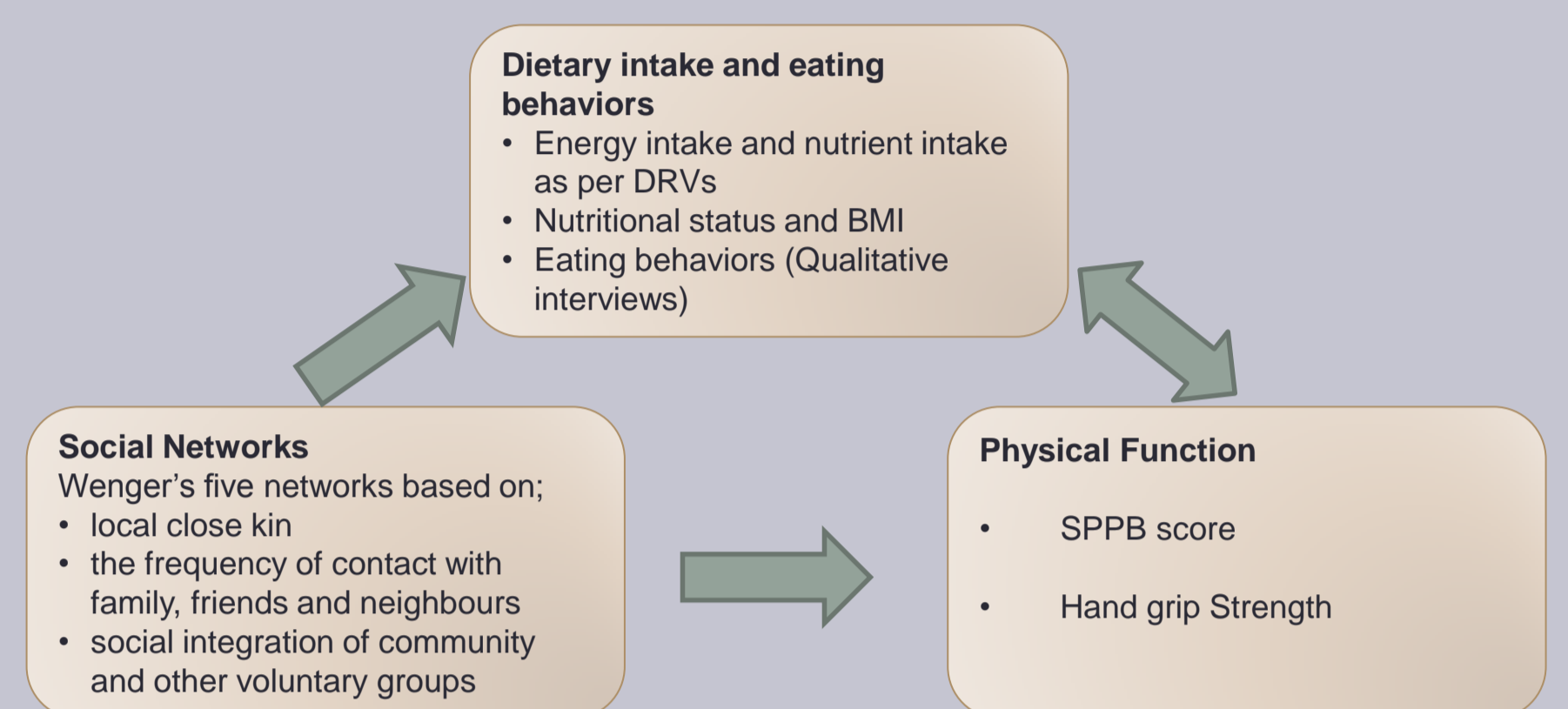


Fig. 3: Potential relationship between social networks, nutrition and physical function

Methods

- Study design:** Longitudinal mixed method study
- Population:** Older adults (> 60 years) self identified as having Caribbean, African or South Asian background
- Recruitment:** Rolling recruitment using maximum variation sampling and chain referrals
- Criteria for inclusion**
 - Self-identification as being: Black Caribbean, Black African, Indian, Pakistani, or Bangladeshi
 - At least 60 years of age
 - Living in the Birmingham area
 - No diagnosis of dementia or any cognitive limitations that might affect participation
- Criteria for Exclusion**
 - Younger adults below 60 years
 - Diagnosed medical conditions, or physical/cognitive impairments that will preclude participation in the study

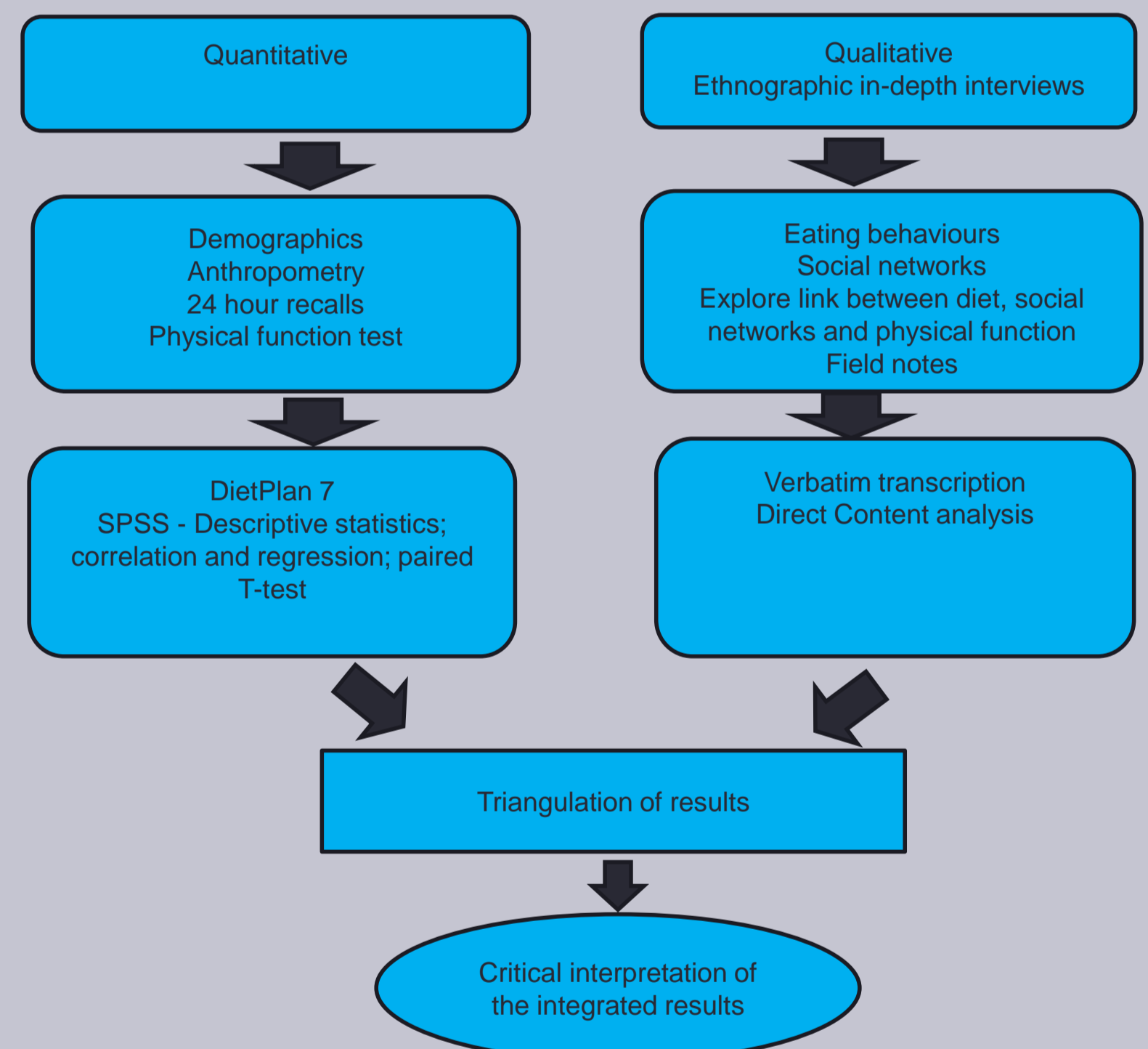


Fig.4: Concurrent mixed methods study design

Data collection time points

Table 1: Showing the layout of data collection, various measurements and the timeframe. The first phase denotes baseline data collection and the 2nd phase denotes endpoint/evaluation point data collection

Time point	1 st Phase		2 nd Phase	
	1 st visit	2 nd visit (Held within 14 days of visit 1)	3 rd visit	4 th visit (Held within 14 days of visit 3)
24-hour dietary recall	X	X	X	X
In-depth qualitative interviews		X	X	
Anthropometric measurements	X			X
Physical function	X			X
Social Networks	X			X

8-months period

Anticipated outcomes/Implications of the study

- Provide a unique profile of nutrient intake, nutritional status, eating behaviours and physical function of ethnically diverse older adults.
- Enhance our understanding of social network typologies and their predictive power in identifying patterns of risk-promoting/reducing eating behaviours, and their associations with physical function among this population.
- In addition, the findings of the study will improve our understanding of how the changes in social networks among this cohort may assist in identifying key influences and barriers to healthy eating.
- These findings may provide a guide for researchers, health and social care professionals on how to design network-specific interventions to improve healthy ageing in community-dwelling ethnically diverse older adults.

References

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